

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2021 OF THE CONDITION AND AFFAIRS OF THE

Blue Care Network of Michigan

NAIC (Group Code <u>0572</u> <u>0572</u> NA (Current) (Prior)	IC Company Code	95610 Employer's	ID Number <u>38-2359234</u>
Organized under the Laws of	Michigan	, State	e of Domicile or Port of E	Entry MI
Country of Domicile		United States of A	merica	
Licensed as business type: _	ŀ	Health Maintenance O	rganization	
Is HMO Federally Qualified? Y	es[]No[X]			
Incorporated/Organized	05/06/1981		Commenced Business	05/13/1981
Statutory Home Office	20500 Civic Center Drive	,		Southfield, MI, US 48076
	(Street and Number)		(City	or Town, State, Country and Zip Code)
Main Administrative Office		20500 Civic Cente		
	Southfield, MI, US 48076	(Street and Num	iber)	248-799-6400
(City or	own, State, Country and Zip Code)	, <u> </u>	(Area Code) (Telephone Number)
Mail Address	20500 Civic Center Drive MC C455	,		Southfield, MI, US 48076
	(Street and Number or P.O. Box)		(City	or Town, State, Country and Zip Code)
Primary Location of Books and	Records	20500 Civic Cente		
	Southfield, MI, US 48076	(Street and Num	iber)	313-225-9095
(City or	own, State, Country and Zip Code)		(Area Code) (Telephone Number)
Internet Website Address		www.BCBSM.c	com	
Statutory Statement Contact	Kenneth A. Bluhn	1	,	313-225-9095
•	(Name)			(Area Code) (Telephone Number)
	kbluhm@bcbsm.com (E-mail Address)			800-556-4348 (FAX Number)
President & Chief Executive Officer Secretary		OFFICERS		Waymond Eli Harris #
		OTHER		<u></u>
Julie Ann		DIRECTORS OR TE William Harrison		David Bing
Kenneth Ra	y Dallafior	Sarah Winston	Doyle	Valeriah Ann Holmon DNP, FNP-BC
Robert Paul Paula Jean Man		Melvin Lyle La Paul Lawrence M		Kathryn Galardi Levine Richard Earl Posthumus
Gregory Ala	, , , , , , , , , , , , , , , , , , , ,	Mary Ann Wea		Bruce Alan Wolf D.O.
State of County of	Michigan SS Oakland			
·		y that they are the des	cribed officers of said re	eporting entity, and that on the reporting period stated above,
all of the herein described ass statement, together with related condition and affairs of the said in accordance with the NAIC A rules or regulations require di respectively. Furthermore, the	ets were the absolute property of the said exhibits, schedules and explanations ther reporting entity as of the reporting period nnual Statement Instructions and Account fferences in reporting not related to acc scope of this attestation by the described	reporting entity, free ein contained, annexe stated above, and of i ing Practices and Pro counting practices an officers also includes	and clear from any lier ad or referred to, is a full ts income and deduction cedures manual except d procedures, accordin the related correspond	is or claims thereon, except as herein stated, and that this and true statement of all the assets and liabilities and of the is therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state go to the best of their information, knowledge and belief, ing electronic filing with the NAIC, when required, that is an ay be requested by various regulators in lieu of or in addition
Kathryn Galardi L President & Chief Exec		Waymond Eli H. Treasurer	arris	Sheela Rao Manyam Secretary
Subscribed and sworn to before day of	e me this		a. Is this an original filib. If no,1. State the amendo2. Date filed	ment number

3. Number of pages attached......

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 Total individuals.	58,068	981	2,676	62,701	62,701	61,725
Group Subscribers:						
State of Michigan	420,315					420,315
0299997. Group subscriber subtotal	420,315	0	0	0	0	420,315
0299998. Premiums due and unpaid not individually listed	2,321,576	21,024	47,822	53,033	53,033	2,390,422
0299999. Total group	2,741,891	21,024	47,822	53,033	53,033	2,810,737
0399999. Premiums due and unpaid from Medicare entities						
0499999. Premiums due and unpaid from Medicaid entities						
0599999 Accident and health premiums due and unpaid (Page 2, Line 15)	2,799,959	22,005	50,498	115,734	115,734	2,872,462

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	76,518,619	31,438,500		27,909,790	27,909,790	107,957,119
0199999. Total Pharmaceutical Rebate Receivables	76,518,619	31,438,500	0	27,909,790	27,909,790	107,957,119
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed						
0299999. Total Claim Overpayment Receivables	0	0	0	0	0	0
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed						
0599999. Total Risk Sharing Receivables	0	0	0	0	0	0
0699998. Aggregate Other Health Care Receivables Not Individually Listed						
0699999. Total Other Health Care Receivables	0	0	0	0	0	0
	70 540 040	04 400 500		07.000.700	07.000.700	407.057.440
0799999 Gross health care receivables	76,518,619	31,438,500	0	27,909,790	27,909,790	107,957,119

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

	Health Care Receivables Collected Health Care F or Offset During the Year as of Decemb			ceivables Accrued	5	6
	1	2	3	4		Estimated Health Care
Type of Health Care Receivable	On Amounts Accrued Prior to January 1 of Current Year	On Amounts Accrued During the Year	On Amounts Accrued December 31 of Prior Year	On Amounts Accrued During the Year	Receivables from Prior Years (Columns 1 + 3)	Receivables Accrued as of December 31 of Prior Year
Pharmaceutical rebate receivables	107,541,839	164,938,104	2,992,112	132,874,797	110,533,951	103,318,978
Claim overpayment receivables	4,931,919	1,364,463			4,931,919	1,375,162
Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
Risk sharing receivables					0	0
6. Other health care receivables.					0	0
7. Totals (Lines 1 through 6)	112,473,758	166,302,567	2,992,112	132,874,797	115,465,870	104,694,140

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unp	aid Claims					
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						
0199999. Individually listed claims unpaid	0	0	0	0	0	C
0299999. Aggregate accounts not individually listed- uncovered						С
039999. Aggregate accounts not individually listed-covered	122,662,999	3,916,583	350,035			126,929,617
0499999. Subtotals	122,662,999	3,916,583	350,035	0	0	126,929,617
0599999. Unreported claims and other claim reserves			<u>"</u>			283, 108, 511
0699999. Total amounts withheld						8,293,791
0799999. Total claims unpaid						418,331,919
·						, , , , , , ,
0899999 Accrued medical incentive pool and bonus amounts	•		•			82,344,213

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5	6	Admi	tted
						7	8
Name of Affiliate	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Current	Non-Current
BLUE CROSS BLUE SHIELD OF MICHIGAN MUTUAL INSURANCE COMPANY	66, 193, 058	15,070	52,586			66,260,714	
0199999. Individually listed receivables	66,193,058	15,070	52,586	0	0	66,260,714	0
0299999. Receivables not individually listed	197					197	
0200000 Tatal green amounts receivable	CC 100 OFF	4F 070	FO FOC	0		00 000 011	
0399999 Total gross amounts receivable	66,193,255	15,070	52,586	0	0	66,260,911	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1	2	3	4	5
Affiliate	Description	Amount	Current	Non-Current
BLUE CROSS BLUE SHIELD MICHIGAN MUTUAL INSURANCE COMPANY	ADMINISTRATIVE AND MANAGEMENT SERVICES	76, 182, 546	76,182,546	
0199999. Individually listed payables		76,182,546	76,182,546	0
0299999. Payables not individually listed		1,788,072	1,788,072	
0399999 Total gross payables		77,970,618	77,970,618	0

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Blue Care Network of Michigan

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6 Column 1
	Direct Medical	Column 1	Total	Column 3	Column 1	Expenses Paid to
	Expense	as a %	Members	as a %	Expenses Paid to	Non-Affiliated
Payment Method	Payment	of Total Payments	Covered	of Total Members	Affiliated Providers	Providers
Capitation Payments:						
1. Medical groups	180,844,431	5.0	669 , 179	100.0		180,844,431
2. Intermediaries	25,146,920	0.7	565,092	84.4		25,146,920
3. All other providers.	112,945	0.0	656,746	98.1		112,945
4. Total capitation payments.	206, 104, 296	5.7	1,891,017	282.6	0	206, 104, 296
Other Payments:						
5. Fee-for-service	95,583,193	2.6	XXX	XXX		95,583,193
6. Contractual fee payments	988,252,679	27.2	XXX	XXX		988,252,679
7. Bonus/withhold arrangements - fee-for-service	213,308,533	5.9	XXX	XXX		213,308,533
8. Bonus/withhold arrangements - contractual fee payments	2,125,456,598	58.6	XXX	XXX		2, 125, 456, 598
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	3,422,601,003	94.3	XXX	XXX	0	3,422,601,003
13. TOTAL (Line 4 plus Line 12)	3,628,705,299	100%	XXX	XXX	0	3,628,705,299

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6							
			Average		Intermediary's							
			Average Monthly	Intermediary's	Intermediary's Authorized							
NAIC Code	Name of Intermediary	Capitation Paid	Capitation	Total Adjusted Capital	Control Level RBC							
	Joint Venture Hospital Laboratories	25,146,920	2,095,577									
		,										
·····												
9999999 Totals		25,146,920	XXX	XXX	XXX							

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
Administrative furniture and equipment	842,734		758,633	84,101	84,101	
Medical furniture, equipment and fixtures						
Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment	37,481,588		30,831,011	6,650,577	6,650,577	
6. Total	38,324,322	0	31,589,644	6,734,678	6,734,678	0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

2. Southfield, MI REPORT FOR: 1. CORPORATION Blue Care Network of Michigan

								(LOCATION	١)	
NAIC Group Code 0572 BUSINES	S IN THE STATE OF	Michigan				DURING THE YE	AR 2021	NAIC Com	pany Code	95610
	1	Comprehensive (Ho		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	704,385	124,246	464,788	10,614			15,374	89,363		
2. First Quarter	674,315	120,614	437,597	10,062	0	0	15,302	90,740		
3. Second Quarter	673,596	122,603	434,953	9,991	0	0	15,144	90,905		
4. Third Quarter	675,271	122,178	436,818	9,862			15,023	91,390		
5. Current Year	669,179	118,326	434,578	9,726			14,895	91,654		
6. Current Year Member Months	8,092,569	768,144	6,249,258	49,039			181,785	844,343		
Total Member Ambulatory Encounters for Year:										
7 Physician	4,054,049	645,822	2,114,432	119,950			120,644	1,053,201		
8. Non-Physician	2,855,330	572,637	1,612,904	92,092			75,783	501,914		
9. Total	6,909,379	1,218,459	3,727,336	212,042	0	0	196,427	1,555,115	0	(
10. Hospital Patient Days Incurred	271,479	6,983	143,876	8,998			4,040	107,582		
11. Number of Inpatient Admissions	57,628	1,614	35,415	1,702			1,005	17,892		
12. Health Premiums Written (b)	3,952,865,094	604,271,643	2,126,698,070	29,954,216			113,818,288	1,078,122,877		
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	3,965,268,120	616,710,042	2,126,662,711	29,954,202			113,818,288	1,078,122,877		
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	3,628,705,299	532,987,853	1,956,489,081	19,011,819			99,240,247	1,020,976,299		
18 Amount Incurred for Provision of Health Care Services	3,594,620,481	534,542,912	1,903,408,613	19,351,688			101,978,329	1,035,338,939		



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

2. Southfield, MI REPORT FOR: 1. CORPORATION Blue Care Network of Michigan

								(LOCATIO	N)	
NAIC Group Code 0572 BUSINES	S IN THE STATE OF					DURING THE YE		NAIC Cor	mpany Code	95610
	1	Comprehensive (H	ospital & Medical) 3	4	5	6	7	8	9	10
	Total	2 Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	704,385	124,246	464,788	10,614	0	0	15,374	89,363	0	(
2. First Quarter	674,315	120,614	437,597	10,062	0	0	15,302	90,740	0	(
3. Second Quarter	673,596	122,603	434,953	9,991	0	0	15,144	90,905	0	(
4. Third Quarter	675,271	122,178	436,818	9,862	0	0	15,023	91,390	0	
5. Current Year	669,179	118,326	434,578	9,726	0	0	14,895	91,654	0	(
6. Current Year Member Months	8,092,569	768,144	6,249,258	49,039	0	0	181,785	844,343	0	(
Total Member Ambulatory Encounters for Year:										
7 Physician	4,054,049	645,822	2,114,432	119,950	0	0	120,644	1,053,201	0	
8. Non-Physician	2,855,330	572,637	1,612,904	92,092	0	0	75,783	501,914	0	(
9. Total	6,909,379	1,218,459	3,727,336	212,042	0	0	196,427	1,555,115	0	(
10. Hospital Patient Days Incurred	271,479	6,983	143,876	8,998	0	0	4,040	107,582	0	(
11. Number of Inpatient Admissions	57,628	1,614	35,415	1,702	0	0	1,005	17,892	0	(
12. Health Premiums Written (b)	3,952,865,094	604,271,643	2,126,698,070	29,954,216	0	0	113,818,288	1,078,122,877	0	(
13. Life Premiums Direct	0	0	0	0	0	0	0	0	0	
14. Property/Casualty Premiums Written	0	0	0	0	0	0	0	0	0	(
15. Health Premiums Earned	3,965,268,120	616,710,042	2,126,662,711	29,954,202	0	0	113,818,288	1,078,122,877	0	(
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	(
17. Amount Paid for Provision of Health Care Services	3,628,705,299	532,987,853	1,956,489,081	19,011,819	0	0	99,240,247	1,020,976,299	0	(
18 Amount Incurred for Provision of Health Care Services	3,594,620,481	534,542,912	1,903,408,613	19,351,688	0	0	101,978,329	1,035,338,939	0	(

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$1,078,122,877

Schedule S - Part 1 - Section 2 **N O N E**

Schedule S - Part 2 **N O N E**

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1,45,56 0 0 0 0 0 0 0 0 0				Reinsurance Ce	eded Accid	ent and near	n insurance Lis	ted by Reinsuring Co	ompany as or Dece	ember 31, Current re	aı			
December	1	2	3	4	5	6	7	8	9	10	Outstanding	Surplus Relief	13	14
Contact Cont											11	12		
Second Second Accounts Control Second Accounts Control C	NAIC				ciliary	Type of	Type of		Unearned	Taken Other			Modified	Funds Withheld
38-98075 30-98075	Company	ID	Effective		Juris-	Reinsurance	Business		Premiums	than for Unearned			Coinsurance	Under
Section Sect	Code	Number	Date	Name of Company	diction	Ceded	Ceded	Premiums	(Estimated)	Premiums	Current Year	Prior Year	Reserve	Coinsurance
32 00000 30 000000 1	54291	38-2069753	.01/01/2021	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	0TH/G		41,775,948						
3-20979	54291	38-2069753	.01/01/2021	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	0TH/G	MR	4, 127, 466						
1465.96	54291	38-2069753	.01/01/2021	Blue Cross Blue Shield of Michigan Mutual Insurance Company	MI	0TH/I	CMM	(4,439,866)						
	0199999.	General Acco	unt - Authoria	zed U.S. Affiliates - Captive		•		41,463,548	0	0	0	0	0	(
	0399999	Total General	Account - A	uthorized U.S. Affiliates				41.463.548	0	0	0	0	0	
1999999 Total Gramer Account - Authoritized Nor-Affiliates								0	0	0	0	0	0	(
1999990 Total General Account - Authorized Name Affiliates	0799999	Total General	Account - A	uthorized Affiliates				41 463 548	0	0	0	0	0	(
199999_Total General Account - Unaufronzed U.S. Affiliates								0	0	0	0			
1499999 Total General Account - Unsubritorial VI S. Affiliation 0 0 0 0 0 0 0 0 0								41 463 548	0	0	·	•	•	
1999999 Total General Account - Unauthorized Affiliates 0 0 0 0 0 0 0 0 0								11,100,010	0	0				
199990 Total General Account - Handwhorzed Ministers								0	0		•	•		
2199999 Total General Account - Unauthrorized Non-Affiliates 1 0 0 0 0 0 0 0 0 0									•	U				
2299999 Total General Account - Certified V. S. Affiliates 0 0 0 0 0 0 0 0 0							+	•	0	0	·	•		
2599999, Total Centreal Account - Certified Non-U.S. Affiliates								•	0		•	•		
2899999, Total General Account - Certified Nort-U.S. Affiliates 0 0 0 0 0 0 0 0 0									0		•	•		(
1999899 Told Generial Account - Certified Millates									0	U	•			(
1920/9909 Total General Account - Certified Non-Affiliates 0 0 0 0 0 0 0 0 0								· ·			•	•		C
3389999, Total Central Account Feeliprocal Jurisdiction U.S. Affiliates									0					С
3699999 Total General Account - Reciprocal Jurisdiction U.S. Affiliates									0	U	· ·			C
999999 Total General Account - Reciprocal Jurisdiction Nort-U.S. Affiliates 0 0 0 0 0 0 0 0 0								*+	0		•			
4099999 Total General Account - Reciprocal Jurisdiction Affiliates 0									0		•	•	1	(
4398999. Total General Account Reciprocal Jurisdiction Non-Affiliates 4499999. Total General Account Reciprocal Jurisdiction and Cartified 4599999. Total General Account Reciprocal Jurisdiction and Cartified 41,485,548 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								0	0	0	0	0	0	(
4499999, Total General Account Reciprocal Jurisdiction and Certified 41,85,98 0 0 0 0 0 0 0 0 0	4099999.	Total General	Account - Re	eciprocal Jurisdiction Affiliates				0	0	0	0	0	0	(
4599999, Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified 44,465,548 5199999, Total Separate Accounts - Authorized Non-U.S. Affiliates 5199999, Total Separate Accounts - Authorized Non-U.S. Affiliates 5199999, Total Separate Accounts - Authorized Non-U.S. Affiliates 5199999, Total Separate Accounts - Authorized Non-Miliates 5199999, Total Separate Accounts - Certified U.S. Affiliates 519999, Total Separate Accounts - Certified U.S. Affiliates 519999, Total Separate Accounts - Certified V.S. Affiliates 519999, Total Separate Accounts - Certified Non-Miliates 519999, Total Separate Accounts - Reciprocal Jurisdiction Affiliates 5109999, Total Separate Accounts - Reciprocal Jurisdiction Affiliates 5109999, Total Separate Accou								0	0	0	0	0	0	C
A899999, Total Separate Accounts - Authorized V.S. Affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	4499999.	Total General	Account Red	ciprocal Jurisdiction				0	0	0	0	0	0	C
Separate Accounts - Authorized Mon-US. Affiliates	4599999.	Total General	Account Aut	thorized, Unauthorized, Reciprocal Jurisdiction and Certified				41,463,548	0	0	0	0	0	(
Segregory Total Separate Accounts - Authorized Millates 0 0 0 0 0 0 0 0 0	4899999.	Total Separat	e Accounts -	Authorized U.S. Affiliates				0	0	0	0	0	0	(
5599999. Total Separate Accounts - Authorized Non-Affiliates	5199999.	Total Separat	e Accounts -	Authorized Non-U.S. Affiliates				0	0	0	0	0	0	(
5599999. Total Separate Accounts - Authorized Non-Affiliates	5299999.	Total Separat	e Accounts -	Authorized Affiliates				0	0	0	0	0	0	(
6699999. Total Separate Accounts - Unauthorized U.S. Affiliates								0	0	0	0	0	0	(
Segogogo Total Separate Accounts - Unauthorized Non-U.S. Affiliates 0 0 0 0 0 0 0 0 0								0	0	0	0	0	0	(
Company Total Separate Accounts - Unauthorized Non-U.S. Affiliates 0 0 0 0 0 0 0 0 0								0	0	0	0	0	0	(
639999. Total Separate Accounts - Unauthorized Affiliates 0 0 0 0 0 0 0 0 0									0	0	0	<u> </u>		
6699999. Total Separate Accounts - Unauthorized Non-Affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								•	n	·	•			
6799999. Total Separate Accounts Unauthorized 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								•	0	U	· ·			(
7099999. Total Separate Accounts - Certified U.S. Affiliates								· ·			•	<u> </u>		(
7399999. Total Separate Accounts - Certified Milates							1	•	0	U	•			(
749999. Total Separate Accounts - Certified Affiliates 0 0 0 0 0 0 0 0 0							+		0	U	·	•	•	(
7799999. Total Separate Accounts - Certified Non-Affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							+			U	•	<u> </u>		(
789999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								v	0		•	•		C
819999. Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								•	0	•	·	•		,
849999. Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								•	0	U	•	•	•	C
859999. Total Separate Accounts - Reciprocal Jurisdiction Affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								•	0	U	•	•		C
889999. Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								•			•	•		C
8999999. Total Separate Accounts Reciprocal Jurisdiction 9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified 9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 4199999, 4899999, 5399999, 6299999, 6299999, 6299999, 6299999, 7599999, 7599999, 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								•		·	•	•	•	(
9099999. Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified 9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 4199999, 4199999, 4899999, 5399999, 41,463,548 9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3199999, 4299999, 5199999, 5499999, 6299999, 6299999, 6299999, 7399999, 7699999, 8499999, and 8799999) 9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2099999, 3199999, 4299999, 5199999, 5499999, 6299999, 6299999, 6299999, 6299999, 6299999, 6299999, 6299999, 7399999, 7699999, 8499999, and 8799999)								•	0	· ·	•		<u> </u>	0
9199999. Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 41,463,548 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0									0		·	•		(
6499999, 7099999, 8199999 and 8699999) 9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2099999, 3199999, 3199999, 4299999, 5199999, 5499999, 6299999, 6299999, 6299999, 7399999, 7699999, 8499999 and 8799999) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								0	0	0	0	0	0	(
9299999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2099999, 3199999, 3199999, 5199999, 5199999, 6299999, 6299999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	9199999.				199999, 489	9999, 5399999,	5999999,				<u> </u>			
659999, 739999, 769999, 849999 and 879999) 0 0 0 0 0 0								41,463,548	0	0	0	0	0	
659999, 739999, 769999, 849999 and 879999) 0 0 0 0 0 0	9299999.	Total Non-U.S	S. (Sum of 06	89999, 099999 <mark>9, 1799999, 2099999, 2899999, 3199999, 39999</mark>	99, 4299999	, 5199999, 5499	9999, 6299999,							_
999999 - Totals 0 0 0 0 0 0 0						•	,	0	0	0	0	0	0	(
	9999999 -	- Totals	•	<u> </u>			Ì	41,463,548	0	0	0	0	0	

Schedule S - Part 4 **NONE**

Schedule S - Part 4 - Bank Footnote **NONE**

Schedule S - Part 5
NONE

Schedule S - Part 5 - Bank Footnote **NONE**

SCHEDULE S - PART 6 Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	Five Year E	xhibit of Reinsuranc	2 ceded Business	(\$000 Omitted)	4	5
		2021	2020	2019	2018	2017
	A. OPERATIONS ITEMS					
1.	Premiums	37,336	(983)	14,265	26 , 159	30,638
2.	Title XVIII - Medicare	4,127	5,380	2,159	3,378	3,829
3.	Title XIX - Medicaid	0	0	0	0	0
4.	Commissions and reinsurance expense allowance					
5.	Total hospital and medical expenses	(61)	(13)	7,389	13,440	26,439
	B. BALANCE SHEET ITEMS					
6.	Premiums receivable					
7.	Claims payable	0	45	7,238	8,427	12,131
8.	Reinsurance recoverable on paid losses	0	0	0	3,620	6,354
9.	Experience rating refunds due or unpaid					
10.	Commissions and reinsurance expense allowances due					
11.	Unauthorized reinsurance offset					
12.	Offset for reinsurance with Certified Reinsurers					
	C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13.	Funds deposited by and withheld from (F)	0	0	0	0	0
14.	Letters of credit (L)	0	0	0	0	0
15.	Trust agreements (T)	0	0	0	0	0
16.	Other (O)	0	0	0	0	0
	D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Multiple Beneficiary Trust		0	0	0	0
18.	Funds deposited by and withheld from (F)		0	0	0	0
19.	Letters of credit (L)		0	0	0	0
20.	Trust agreements (T)		0	0	0	0
21.	Other (O)		0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	restatement of balance sheet to identify Net Gredit	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
	ASSETS (Page 2, Col. 3)			
1.	Cash and invested assets (Line 12)	2,507,769,770		2,507,769,770
2.	Accident and health premiums due and unpaid (Line 15)	39,906,981		39,906,981
3.	Amounts recoverable from reinsurers (Line 16.1)	0		0
4.	Net credit for ceded reinsurance	XXX	(19,653,607)	(19,653,607)
5.	All other admitted assets (Balance)	244,230,232	(7,003,578)	237,226,654
6.	Total assets (Line 28)	2,791,906,983	(26,657,185)	2,765,249,798
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7.	Claims unpaid (Line 1)	418,331,919		418,331,919
8.	Accrued medical incentive pool and bonus payments (Line 2)	82,344,213		82,344,213
9.	Premiums received in advance (Line 8)	109,560,344		109,560,344
10.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11.	Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12.	Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13.	Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14.	All other liabilities (Balance)	390,290,782	(26,657,185)	363,633,597
15.	Total liabilities (Line 24)	1,000,527,258	(26,657,185)	973,870,073
16.	Total capital and surplus (Line 33)	1,791,379,725	XXX	1,791,379,725
17.	Total liabilities, capital and surplus (Line 34)	2,791,906,983	(26,657,185)	2,765,249,798
	NET CREDIT FOR CEDED REINSURANCE			
18.	Claims unpaid	0		
19.	Accrued medical incentive pool	0		
20.	Premiums received in advance	0		
21.	Reinsurance recoverable on paid losses	0		
22.	Other ceded reinsurance recoverables	7,003,578		
23.	Total ceded reinsurance recoverables	7,003,578		
24.	Premiums receivable	0		
25.	Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26.	Unauthorized reinsurance	0		
27.	Reinsurance with Certified Reinsurers	0		
28.	Funds held under reinsurance treaties with Certified Reinsurers			
29.	Other ceded reinsurance payables/offsets	26,657,185		
30.	Total ceded reinsurance payables/offsets	. 26,657,185		
31.	Total net credit for ceded reinsurance	(19,653,607)		

Schedule T - Part 2 - Interstate Compact NONE

SCHEDULE Y

				PA		A - DE I AI	L OF INSURANC	, – [HOLL	HING COMPANT	SISIEIVI				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Type	If			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board.	Owner-		SCA	
								D:							
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
	Blue Cross Blue Shield of Michigan						Blue Cross Blue Shield of Michigan Mutual								
0572	Mutual Insurance Company	54291	38-2069753				Insurance Company	MI	UDP	State of Michigan	Legal			NO	
	Blue Cross Blue Shield of Michigan									Blue Cross Blue Shield of Michigan Mutual			Blue Cross Blue Shield of Michigan		
0572	. Mutual Insurance Company	00000	38-4093181				Emergent Holdings, Inc.	MI	NIA	Insurance Company	Owner ship	100.000	Mutual Insurance Company	YES	
	Blue Cross Blue Shield of Michigan												Blue Cross Blue Shield of Michigan		
0572	. Mutual Insurance Company	00000	27-0521030				Accident Fund Holdings, Inc.	MI	NIA	Emergent Holdings, Inc.	Owner ship	100.000	Mutual Insurance Company	N0	
	Blue Cross Blue Shield of Michigan												Blue Cross Blue Shield of Michigan		
0572	Mutual Insurance Company	00000	AA-0000000				AF Global Capital, Ltd.	GBR	NIA	Accident Fund Holdings, Inc.	Owner ship	100.000	Mutual Insurance Company	NO	
	Blue Cross Blue Shield of Michigan												Blue Cross Blue Shield of Michigan		
0572	Mutual Insurance Company	10166	38-3207001				Accident Fund Insurance Company of America	MI	IA	Accident Fund Holdings, Inc.	Ownership	100.000	Mutual Insurance Company	N0	
	Blue Cross Blue Shield of Michigan												Blue Cross Blue Shield of Michigan		
0572	Mutual Insurance Company	00000	26-4728075				Affinity Services, LLC	MI	NIA	Accident Fund Holdings, Inc.	Ownership	100.000	Mutual Insurance Company	N0	
	Blue Cross Blue Shield of Michigan						Fundamental Agency,						Blue Cross Blue Shield of Michigan		
0572	Mutual Insurance Company	00000	32-0550098				Inc	WI	NIA	Accident Fund Holdings, Inc.	Ownership	100.000	Mutual Insurance Company	N0	
0570	Blue Cross Blue Shield of Michigan	00.457								Accident Fund Insurance Company of America		400.000	Blue Cross Blue Shield of Michigan		
0572	Mutual Insurance Company	29157	39-0941450				United Wisconsin Insurance Company	W1	IA		Ownership	100.000	Mutual Insurance Company	N0	
0570	Blue Cross Blue Shield of Michigan	40004								Accident Fund Insurance Company of America		400.000	Blue Cross Blue Shield of Michigan		
0572	Mutual Insurance Company	12304	20-3058200				Accident Fund General Insurance Company	MI	IA		Ownership	100.000	Mutual Insurance Company	N0	
0570	Blue Cross Blue Shield of Michigan	40005	20-3058291				5	MI	IA	Accident Fund Insurance Company of America	0 1:	100.000	Blue Cross Blue Shield of Michigan	NO	
0572	Mutual Insurance Company Blue Cross Blue Shield of Michigan	12305	20-3058291				Accident Fund National Insurance Company	MI	IA		Ownership	100.000	Mutual Insurance Company	NU	
0570		10713	00 4070000				Third Occability Occasion	wı	1.4	Accident Fund Insurance Company of America	0	100.000		NO	
0572	Mutual Insurance Company Blue Cross Blue Shield of Michigan	107 13	36-4072992				Third Coast Insurance Company	WI	IA	Accident Fund Insurance Company of America	Ownership	100.000	Mutual Insurance Company	NO	
0572	Mutual Insurance Company	12177	20-1117107				CompWest Insurance Company	CA	IA	Accident Fund Insurance Company of America	Ownership.	100.000	Mutual Insurance Company	NO.	
05/2	Blue Cross Blue Shield of Michigan	121//	20-111/10/				compwest insurance company	UA	IA	Blue Cross Blue Shield of Michigan Mutual	Owner Strip	100.000	Blue Cross Blue Shield of Michigan	[NU	
0572	Mutual Insurance Company	00000	20-1420821				LifeSecure Holdings Corporation	AZ	NIA	Insurance Company	Ownership	80.000	Mutual Insurance Company	YES	7
	Blue Cross Blue Shield of Michigan	90000	20-1420021				Lifesecure norumgs corporation	AZ	NIA	Trisurance company	Owner Sirrp		Blue Cross Blue Shield of Michigan	1E0	
0572	Mutual Insurance Company	77720	75-0956156				LifeSecure Insurance Company	MI	14	LifeSecure Holdings Corporation	Ownership	100.000	Mutual Insurance Company	NO	7
0372	Blue Cross Blue Shield of Michigan)1120	75-0350150				LifeGeoure misurance company	m1		Blue Cross Blue Shield of Michigan Mutual	Owner Sirip	100.000	Blue Cross Blue Shield of Michigan	[w]	
0572	Mutual Insurance Company	95610	38-2359234				Blue Care Network of Michigan	MI	RE	Insurance Company	Ownership	100.000	Mutual Insurance Company	N0	
0372	Blue Cross Blue Shield of Michigan	01000					Blue Cross and Blue Shield of Michigan			Trisurance company	Owner Sirip	100.000	Blue Cross Blue Shield of Michigan	[w]	
0572	Mutual Insurance Company	00000	38-2338506				Foundation	MI	DS	Blue Care Network of Michigan	Ownership	100.000	Mutual Insurance Company	NO	
	Blue Cross Blue Shield of Michigan						1 ounda (1011			Blue Cross Blue Shield of Michigan Mutual	Owner Sirip.	100.000	Blue Cross Blue Shield of Michigan		
0572	Mutual Insurance Company	00000	45-3854611				Michigan Medicaid Holdings Company	MI	NIA	Insurance Company	Ownership	100.000	Mutual Insurance Company	YES	
	Blue Cross Blue Shield of Michigan						mionigan moureard nordings company			Thousand dampany			BCBSM and Independence Health Group,		
0572	Mutual Insurance Company	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	Michigan Medicaid Holdings Company	Ownership	50.000	Inc.	NO	5
	Blue Cross Blue Shield of Michigan						21de 01000 comprete or mrenigan 220			Blue Cross Blue Shield of Michigan Mutual			Blue Cross Blue Shield of Michigan		
0572	Mutual Insurance Company	00000	85-4338099	l	l	l	Care Transformation Holding Company	MI	NIA	Insurance Company	Ownership	100.000	Mutual Insurance Company	NO	
	Blue Cross Blue Shield of Michigan						and the state of t						Blue Cross Blue Shield of Michigan		
0572	Mutual Insurance Company	00000	47-2312291	.			TRIARQ Health, LLC	MI	NIA	Care Transformation Holding Company	Owner ship	100.000	Mutual Insurance Company	N0	
	Blue Cross Blue Shield of Michigan						,			,,			Blue Cross Blue Shield of Michigan		
0572	. Mutual Insurance Company	00000	98-1621026				TRIARQ Health, LLP	IND	NIA	TRIARQ Health, LLC	Ownership	99.990	Mutual Insurance Company	NO	14
	Blue Cross Blue Shield of Michigan									·			Blue Cross Blue Shield of Michigan		
0572	Mutual Insurance Company	00000	35-2620231				TRIARQ Health Alliance of Florida, LLC	FL	NIA	TRIARQ Health, LLC	Ownership	90.000	Mutual Insurance Company	N0	15
	Blue Cross Blue Shield of Michigan										1		Blue Cross Blue Shield of Michigan		
0572	Mutual Insurance Company	00000	61-1870820	.			TRIARQ Health Alliance of Michigan, LLC	MI	NIA	TRIARQ Health, LLC	Ownership	68.000	Mutual Insurance Company	N0	16
	Blue Cross Blue Shield of Michigan										1		Blue Cross Blue Shield of Michigan		
0572	. Mutual Insurance Company	00000	34-2032238				GloStream, Inc	MI	NIA	Care Transformation Holding Company	Owner ship	100.000	Mutual Insurance Company	N0	
	Blue Cross Blue Shield of Michigan										1		Blue Cross Blue Shield of Michigan		
0572	. Mutual Insurance Company	00000	83-2485797				One Team Care, LLC	MI	NI A	GloStream, Inc	Owner ship	50.000	Mutual Insurance Company	N0	17
	Blue Cross Blue Shield of Michigan												Blue Cross Blue Shield of Michigan		
0572	Mutual Insurance Company	00000	34-2032238				GloStream Inc. 401(K) Plan & Trust	MI	DTH	Care Transformation Holding Company	Management		Mutual Insurance Company	N0	
1	Blue Cross Blue Shield of Michigan									Blue Cross Blue Shield of Michigan Mutual			Blue Cross Blue Shield of Michigan		
0572	. Mutual Insurance Company	15649	47-2221114				Woodward Straits Insurance Company	MI	IA	Insurance Company	Ownership	100.000	Mutual Insurance Company	NO	

SCHEDULE Y

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	_	· ·	•	Ū	Ů	'					Type	If		'	
											of Control	Control			
											(Ownership,	is		Is an	
						No			D. L. C.			_			
						Name of Securities		l	Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	1
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)) *
	Blue Cross Blue Shield of Michigan				-			1.0		(**************************************		10.90	Blue Cross Blue Shield of Michigan	(1001110)	
0572	Mutual Insurance Company	00000	81-3438452				COBX Co	MI	NIA	Emergent Holdings, Inc.	Ownership	100.000	Mutual Insurance Company	NO	1
	Blue Cross Blue Shield of Michigan		01 0100102				OODA OO			Lilot gotte Horattigo, Tho.	omici dirip.		Blue Cross Blue Shield of Michigan		
0572	Mutual Insurance Company	00000	47-5653683				Advantasure, Inc.	MI	NIA	Emergent Holdings, Inc.	Ownership	100.000	Mutual Insurance Company	NO	1
	Blue Cross Blue Shield of Michigan		47 3030000				navarrasure, me.			Liner gent morarings, me.	Owner Strip.		Blue Cross Blue Shield of Michigan		
0572	Mutual Insurance Company	00000	11-3738370				ikaSystems Corporation	DE	NIA	Advantasure. Inc.	Ownership.	100.000	Mutual Insurance Company	NO	1
	Blue Cross Blue Shield of Michigan	00000	11-3/303/0				TRADYSTERIS COIPULATION	UE	NIA	Auvantasure, mc.	Owner Sirrp		Blue Cross Blue Shield of Michigan		
	Mutual Insurance Company	00000	47-4522025				Tessellate Holdings, LLC	DE	NIA	Emergent Holdings, Inc.	Ownership	100.000	Mutual Insurance Company	NO	
	Blue Cross Blue Shield of Michigan	00000	47-4522025				resserrate hordings, LLC	UE	NIA	Emergent nordrings, Inc.	owner snip	100.000	Blue Cross Blue Shield of Michigan	INU	
0570		00000	45-3742721				Tessellate, LLC	DE	NIA	T11-4- 11-14: 11-0	Ownership	100.000		NO	
0572	Mutual Insurance Company Blue Cross Blue Shield of Michigan	00000	45-3/42/21				lessellate, LLC	UE	NIA	Tessellate Holdings, LLC	Owner sn I p	100.000	. Mutual Insurance Company	NU	
0570			04 0540400					MI				400 000			
0572	Mutual Insurance Company	00000	. 84-3513429				Covantage Health Partners, Inc	MI	NIA	Emergent Holdings, Inc.	Ownership	100.000	. Mutual Insurance Company	NO	
	Blue Cross Blue Shield of Michigan												Blue Cross Blue Shield of Michigan		_
0572	Mutual Insurance Company	00000	. 84-4009427				NextBlue, LLC	DE	NIA	Covantage Health Partners, Inc.	Ownership	51.000	Mutual Insurance Company	NO	9
	Blue Cross Blue Shield of Michigan												Blue Cross Blue Shield of Michigan		_
0572	Mutual Insurance Company	16739	84-3789332				NextBlue of North Dakota Insurance Company	ND	IA	NextBlue, LLC	Ownership	100.000	. Mutual Insurance Company	NO	9
	Blue Cross Blue Shield of Michigan												Blue Cross Blue Shield of Michigan		
0572	Mutual Insurance Company	00000	84-4367791				Vermont Blue Advantage, LLC	DE	NIA	Covantage Health Partners, Inc.	Ownership	51.000	Mutual Insurance Company	NO	9
	Blue Cross Blue Shield of Michigan												Blue Cross Blue Shield of Michigan		
	Mutual Insurance Company	16793	84-4331472				Vermont Blue Advantage, Inc	VT	IA	Vermont Blue Advantage, LLC	Ownership	100.000	. Mutual Insurance Company	NO	9
	Blue Cross Blue Shield of Michigan												Blue Cross Blue Shield of Michigan		1
0572	Mutual Insurance Company	00000	86-1598901				Wellmark Advantage Holdings, LLC	DE	NIA	Covantage Health Partners, Inc.	Ownership	51.000	Mutual Insurance Company	NO	9
	Blue Cross Blue Shield of Michigan										·		Blue Cross Blue Shield of Michigan		1
0572	Mutual Insurance Company	17001	86-1598618				Wellmark Advantage Health Plan, Inc.	IA	IA	Wellmark Advantage Holdings, Inc.	Owner ship	100.000	Mutual Insurance Company	NO	9
	Blue Cross Blue Shield of Michigan						· ·			Blue Cross Blue Shield of Michigan Mutual	·		Blue Cross Blue Shield of Michigan		
0572	Mutual Insurance Company	00000	58-1767730				NASCO Corporation	DE	NIA	Insurance Company	Owner ship.	100.000	Mutual Insurance Company	YES	1
	Blue Cross Blue Shield of Michigan									Blue Cross Blue Shield of Michigan Mutual			Blue Cross Blue Shield of Michigan		
	Mutual Insurance Company	00000	84-4115688				InnovateRX LLC	DE	NIA	Insurance Company	Ownership	9.990	Mutual Insurance Company	NO	1
	Blue Cross Blue Shield of Michigan		1										Blue Cross Blue Shield of Michigan		1
0572	Mutual Insurance Company	00000	83-1246927				Civica Outpatient Subsidiary, LLC	DE	NIA	InnovateRX LLC	Management		Mutual Insurance Company	NO	
	Blue Cross Blue Shield of Michigan		100 1210027				orviou outputtont oubstatuty, EEO			Blue Cross Blue Shield of Michigan Mutual	mariagomorre		Blue Cross Blue Shield of Michigan		
0572	Mutual Insurance Company	00000	85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	Insurance Company	Ownership	20.000	Mutual Insurance Company	NO	
	Blue Cross Blue Shield of Michigan	90000		1			2 Marinary conditions, LLV			Blue Cross Blue Shield of Michigan Mutual			Blue Cross Blue Shield of Michigan		1
0572	Mutual Insurance Company	00001	87-4051658	1			Bricktown Capital, LLC	MI	NIA	Insurance Company	Ownership	100.000	Mutual Insurance Company	NO	
	Blue Cross Blue Shield of Michigan		7001000				Blue Cross Blue Shield of Michigan Bargaining	J		Blue Cross Blue Shield of Michigan Mutual	omioi onip		Blue Cross Blue Shield of Michigan		1
	Mutual Insurance Company	00000	84-6869872	1			Unit Internal Health Benefit Trust	MI	OTH	Insurance Company	Management		Mutual Insurance Company	NO	10
	mataar mourance company	90000		1			Blue Cross Blue Shield of Michigan Non-		ווע	Thousand disparty	managomont		mataar mouranee company	IW	1
	Blue Cross Blue Shield of Michigan			1			Bargaining Unit Internal Health Benefit Trust	.[Blue Cross Blue Shield of Michigan Mutual			Blue Cross Blue Shield of Michigan		
	Mutual Insurance Company	00000	84-6871980	1			Daiyaning onit intenial nearth benefit frust	MI	0TH	Insurance Company	Managerment		Mutual Insurance Company	NO	10
2100	Blue Cross Blue Shield of Michigan	00000	04-00/ 1900				Blue Cross Blue Shield of Michigan Long-Term	m1	חוע	Blue Cross Blue Shield of Michigan Mutual	manayer mem		Blue Cross Blue Shield of Michigan	INU	10
0570		00000	81-6482696	I				MI	OTH		Managament			NO	14
	Mutual Insurance Company	00000	01-0482696				Disability Trust	MI	H.U	Insurance Company	Management	·····	. Mutual Insurance Company	INU	11
	Blue Cross Blue Shield of Michigan	00000	30-1140600	1			Blue Cross Blue Shield of Michigan Employees' Retirement Master Trust	MI	OTH	Blue Cross Blue Shield of Michigan Mutual	W		Blue Cross Blue Shield of Michigan	NO	10
0572	Mutual Insurance Company	00000	30-1140600					MI	HTQ	Insurance Company	Management		. Mutual Insurance Company	NU	12
0570	Blue Cross Blue Shield of Michigan	00000		1			Blue Cross Blue Shield of Michigan 401(K)		07.1	Blue Cross Blue Shield of Michigan Mutual	l., .		Blue Cross Blue Shield of Michigan	110	
0572	Mutual Insurance Company	00000					Master Trust	MI	HTQ	Insurance Company	Management		. Mutual Insurance Company	N0	
	Independence Health Group. Inc/ Blue			I				1			1		Depart I I I I I I I I I I I I I I I I I I I	1	1
	Cross Blue Shield of Michigan Mutual		1	I				1		Blue Cross Blue Shield of Michigan Mutual	1		BCBSM and Independence Health Group,		
	Insurance Company	00000	30-0703311	-			BMH LLC	DE	NIA	Insurance Company	Ownership	38.740	Inc	NO	·····
	Independence Health Group. Inc/ Blue			I				1			1			1	
	Cross Blue Shield of Michigan Mutual			I				1			1		BCBSM and Independence Health Group,	1	
	Insurance Company	00000	. 38-3946080				BMH SUBCO I LLC	DE	NIA	BMH LLC	Ownership	100.000	Inc	NO	2
	Independence Health Group. Inc/ Blue			I				1			1			1	
	Cross Blue Shield of Michigan Mutual			I				1			1		BCBSM and Independence Health Group,	1	
	Insurance Company	00000	80-0768643	.			BMH SUBCO II LLC	DE	NIA	BMH LLC	Ownership	100.000	Inc	NO	2

SCHEDULE Y

				FA		A - DETA	IL OF INSURANC	/C I	TOLD	ING COMPANT	SISIEIVI				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Туре	lf			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.Ś. or	Parent, Subsidiaries	Loca-	Reporting	Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage	Entity(ies)/Person(s)	(Yes/No)	*
	Independence Health Group. Inc/ Blue					,				,	·		, , , , , ,		
	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group,		
	Insurance Company	00000	. 45-5415725				AmeriHealth Caritas Services, LLC	DE	NIA	BMH LLC	Owner ship	100.000	. Inc	N0	2
	Independence Health Group. Inc/ Blue														
	Cross Blue Shield of Michigan Mutual	00000	00 0050500				Amerilla IAb Conita a Harlah Dian	DA.	NII A	DMI CIDOO I II O & DMI CIDOO II II O	0	100,000	BCBSM and Independence Health Group,	NO	•
	Insurance Company	00000	. 23–2859523				AmeriHealth Caritas Health Plan	PA	NIA	BMH SUBCO I LLC & BMH SUBCO II LLC	Ownership	100.000	BCBSM and Independence Health Group.	N0	3
	Independence Health Group, Inc	11557	47-2582248				Blue Cross Complete of Michigan LLC	мі	IΔ	AmeriHealth Caritas Health Plan	Owner ship.	50.000	Inc.	NO	5
	Independence Health Group. Inc/ Blue	11007	41-2302240				Brue cross comprete or mitchigan ELC			Anier mearth carrias nearth rian	owner strip			140	v
	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group,		
	Insurance Company	14378	45-4088232				AmeriHealth Caritas Florida, Inc.	FL	IA	AmeriHealth Caritas Health Plan	Owner ship	100.000	Inc.	N0	2
	Independence Health Group. Inc/ Blue														
	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group,		
	Insurance Company	00000	47–3923267				AmeriHealth Caritas Iowa, LLC	IA	NIA	AmeriHealth Caritas Health Plan	Ownership	100.000	. Inc	N0	2
	Independence Health Group. Inc/ Blue														
	Cross Blue Shield of Michigan Mutual	00000	45 0700005				A 20 10 NO 1					70.000	BCBSM and Independence Health Group,	110	
	Insurance Company	00000	. 45–3790685				AmeriHealth Nebraska, Inc.	NE	NIA	AmeriHealth Caritas Health Plan	Owner ship	70.000	Inc.and Good Life Partners, Inc	N0	4
	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group.		
	Insurance Company	00000	26-1809217				Perform RX IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership.	100.000	Inc.	NO	2
	Independence Health Group. Inc/ Blue						TOTTOTIII TIX TT X OT NOW TOTK, ELO			Third from the car feat from the frame	omior on p.				
	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group,		
	Insurance Company	00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	100.000	Inc.	N0	2
	Independence Health Group. Inc/ Blue														
	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group,		
	Insurance Company	00000	. 61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Owner ship	100.000	Inc	N0	2
	Independence Health Group. Inc/ Blue Cross Blue Shield of Michigan Mutual												DODOM and Independent United to Constitution		
	Insurance Company	00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC & BMH SUBCO II LLC	Ownership.	100.000	BCBSM and Independence Health Group,	NO	3
	Independence Health Group. Inc/ Blue	00000	23-2042344				Reystone Family Health Flan	FA	NIA	DWH SUBCO I LLC α DWH SUBCO II LLC	owner strip	100.000	. IIIC.		ນ
	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group,		
	Insurance Company	00000	26-1144363				AMHP Holdings Corp	PA	NI A	AmeriHealth Caritas Health Plan	Ownership	100.000	Inc.	NO	2
	Independence Health Group. Inc/ Blue										·				
	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group,		
	Insurance Company	14143	27–3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AMHP Holdings Corp	Owner ship	100.000	. Inc	NO	2
	Independence Health Group. Inc/ Blue														
	Cross Blue Shield of Michigan Mutual	05.450	F7 40004F0					00		AMERICAN CO.		400.000	BCBSM and Independence Health Group,	110	
	Insurance Company	95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AMHP Holdings Corp	Ownership	100.000	Inc	N0	2
	Cross Blue Shield of Michigan Mutual						Community Behavioral Healthcare Network of						BCBSM and Independence Health Group,		
	Insurance Company	00000	25-1765391				Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp	Ownership.	100.000	Inc.	NO	2
	Independence Health Group. Inc/ Blue		1				,,								····-
	Cross Blue Shield of Michigan Mutual	1	1		1			1		Community Behavioral Healthcare Network of			BCBSM and Independence Health Group,		
	Insurance Company	13630	26-0885397				CBHNP Services, Inc.	PA	IA	Pennsylvania, Inc.	Ownership	100.000	Inc	N0	2
	Independence Health Group. Inc/ Blue	1	1		1			1							
	Cross Blue Shield of Michigan Mutual							D.			l		BCBSM and Independence Health Group,	ļ ,	
	Insurance Company	15088	46-1482013				AmeriHealth District of Columbia, Inc	DC	IA	AMHP Holdings Corp	Ownership	100.000	Inc	N0	2
	Independence Health Group. Inc/ Blue Cross Blue Shield of Michigan Mutual	1											BCBSM and Independence Health Group,		
	Insurance Company	15104	46-0906893		1		AmeriHealth Michigan, Inc.	MI	IA	AMHP Holdings Corp	Ownership.	100.000	Inc.	N0	2
	Independence Health Group. Inc/ Blue	10 104					Amoi moartii mioniyan, mo.		In	Think Horaligs outp	omici strip				4
	Cross Blue Shield of Michigan Mutual	1	1		1			1					BCBSM and Independence Health Group,		
	Insurance Company	16496	83-0987716		1		AmeriHealth Caritas New Hampshire, Inc	NH	IA	AMHP Holdings Corp	Ownership	100.000	Inc.	NO	2

SCHEDULE Y

				FA		A - DE I AI	L OF INSURANC		IOLL	TING COMPAIN	SISIEW				
1	2	3	4	5	6	7	8	9	10	11	12 Type of Control	13 If Control	14	15	16
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary				Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Names of Parent, Subsidiaries		to Reporting	Directly Centralled by	Attorney-in-Fact, Influence.	Provide Percen-	Ultimate Controlling	quired?	
Code		Company	Number	RSSD	CIK	International)	Or Affiliates	Loca- tion	Entity	Directly Controlled by (Name of Entity/Person)	Other)			(Yes/No	
Code	Group Name Independence Health Group. Inc/ Blue	Code	Number	KSSD	CIK	international)	Or Amiliates	tion	Entity	(Name of Entity/Person)	Otner)	tage	Entity(ies)/Person(s)	(Yes/No) "
1	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group,		
Ĭ	Insurance Company	16980	84-2435374				AmeriHealth Caritas Ohio. Inc.	OH	IA	AMHP Holdings Corp	Ownership	100.000	Inc	NO.	2
	Independence Health Group. Inc/ Blue						The state of the s								1
	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group,		
	. Insurance Company	16451	. 82-1141687				AmeriHealth Caritas Texas, Inc.	TX	IA	. AMHP Holdings Corp	Ownership	100.000	Inc.	N0	2
	Independence Health Group. Inc/ Blue														
	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group,		
	Insurance Company	16539	. 83-1481671			.	AmeriHealth Caritas North Carolina, Inc	NC	IA	AMHP Holdings Corp	Ownership	100.000	Inc.	N0	2
	Independence Health Group. Inc/ Blue														
	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group,		
	. Insurance Company	16422	. 61–1857768				AmeriHealth Caritas New Mexico, Inc	NM	IA	. AMHP Holdings Corp	Ownership	100.000	. Inc	N0	2
	Independence Health Group. Inc/ Blue												DODON III II II O		
	Cross Blue Shield of Michigan Mutual	00000	61-1847073				Anneille IAb Ornides Delevers Inc	DE	ALLA	AMID Haldings One	Ownership.	100.000	BCBSM and Independence Health Group,	NO	_
	Insurance CompanyIndependence Health Group. Inc/ Blue	00000	. 61-184/0/3				AmeriHealth Caritas Delaware, Inc.	DE	NIA	. AMHP Holdings Corp	Uwnersnip	100.000	Inc	NU	2
	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group,		
	Insurance Company	00000	83-3241978				AmeriHealth Caritas Minnesota, Inc	MN	NIA	. AMHP Holdings Corp	Ownership.	100.000	Inc	NO	2
	Independence Health Group. Inc/ Blue	90000	00 0241570				Amerinearth our rus minicatta, mo		INIA	Nill Horarings our p	owner strip.	100.000	. 1110.		
	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group.		
	Insurance Company	00000	86-2442207				AmeriHealth Caritas California. Inc.	CA	NIA	AMHP Holdings Corp	Ownership	100.000	Inc.	N0	2
	Independence Health Group. Inc/ Blue		1				, , , , , , , , , , , , , , , , , , , ,					1			
	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group,		
	Insurance Company	00000	. 81-4458766				AmeriHealth Caritas Oklahoma, Inc.	0K	NIA	AMHP Holdings Corp	Ownership	100.000	Inc.	NO	2
	Independence Health Group. Inc/ Blue														
	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group,		
	. Insurance Company	00000	. 85–3713213				AmeriHealth Caritas Nevada, Inc	NV	NIA	. AMHP Holdings Corp	Ownership	100.000	. Inc	N0	2
	Independence Health Group. Inc/ Blue												20001		
	Cross Blue Shield of Michigan Mutual	00000	07 4005044				4 :U 14 0 :4 VID N 4 I	DE		AMERICAL IN CO.		400 000	BCBSM and Independence Health Group,		_
	Insurance Company	00000	. 87-4065041				AmeriHealth Caritas VIP Next, Inc.	DE	NIA	AMHP Holdings Corp	Ownership	100.000	Inc	N0	2
	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group.		
	Insurance Company	00000	85-4321302				Social Determinants of Life. Inc	DE	NIA	BMH LLC	Owner ship.	100.000	Inc	NO	2
	Independence Health Group. Inc/ Blue	00000	00-4021002				Social Determinants of Life, Inc	UL	NIA	DWIT LLO	owner simp	100.000	. 1116.	١٧0	4
	Cross Blue Shield of Michigan Mutual												BCBSM and Independence Health Group.		
	Insurance Company	00000	47-5496220				Wider Circle Inc.	DE	NIA	Social Determinants of Life, Inc	Ownership	27.100	Inc.	NO	13
			1	1						BCBSM and Accident Fund Insurance Company			Blue Cross Blue Shield of Michigan		
		00000	36-4247278				BCS Financial Corporation	DE	NIA	of America	Ownership	13.660	. Mutual Insurance Company	N0	
							·						Blue Cross Blue Shield of Michigan		
		80985	. 36-2149353				4 Ever Life Insurance Company	IL	IA	BCS Financial Corporation	Ownership	100.000	Mutual Insurance Company	N0	6
													Blue Cross Blue Shield of Michigan		
		38245	. 36-6033921				BCS Insurance Company	OH	IA	BCS Financial Corporation	Ownership	100.000	. Mutual Insurance Company	N0	6
													Blue Cross Blue Shield of Michigan		
		00000	. 36-3120811				BCS Insurance Agency, Inc.	IL	NIA	BCS Financial Corporation	Ownership	100.000	. Mutual Insurance Company	N0	6
		00000	00 4000404				P00 F:	DE		D00 E: 0		400 000	Blue Cross Blue Shield of Michigan		
	Dive Crees Dive Chiefd of Michigan	00000	. 36-4303124				BCS Financial Services Corporation	DE	NIA	BCS Financial Corporation	Ownership	100.000	. Mutual Insurance Company	N0	6
0572	Blue Cross Blue Shield of Michigan Mutual Insurance Company	00000	. 20-1420821	1			LifeSecure Holdings Corporation	AZ	NIA	BCS Financial Corporation	Ownership	20.000	Blue Cross Blue Shield of Michigan .Mutual Insurance Company	YES	7
y012	. mutuar mourance company	00000	20-1420021	1			Erroscure norumgs corporation		NIA	. Doo i mancial corporation	. Umilet SITIP	∠∪.∪∪∪	Blue Cross Blue Shield of Michigan	E0	1
		00000	AA-0000000	1			4 Ever Life International Limited	BMU	NIA	BCS Financial Corporation	Owner ship.	100.000	. Mutual Insurance Company	NO	6
			0000000	1			TETO ETTO IIItornational Elimited				omior on p.	100.000	Blue Cross Blue Shield of Michigan		1
]	00000	32-0485937	.]			BCS Re Inc.	VT	NIA	BCS Financial Corporation	Ownership.	100.000	. Mutual Insurance Company	N0	6
			1										Blue Cross Blue Shield of Michigan		
]	00000	37-1732732		1	1	Ancilyze Technologies LLC	DE	NIA	BCS Financial Corporation	Owner ship	50.000	.Mutual Insurance Company	NO	8

SCHEDULE Y

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
											Туре	If			
											of Control	Control			
											(Ownership,	is		Is an	
						Name of Securities			Relation-		Board,	Owner-		SCA	
						Exchange		Domi-	ship		Management,	ship		Filing	
		NAIC				if Publicly Traded	Names of	ciliary	to		Attorney-in-Fact,	Provide		Re-	
Group		Company	ID	Federal		(U.S. or	Parent, Subsidiaries	Loca-		Directly Controlled by	Influence,	Percen-	Ultimate Controlling	quired?	
Code	Group Name	Code	Number	RSSD	CIK	International)	Or Affiliates	tion	Entity	(Name of Entity/Person)	Other)	tage		(Yes/No)) *
													Blue Cross Blue Shield of Michigan		
		00000	46-4945044				Ancilyze Insurance Agency LLC	. IL	NIA	Ancilyze Technologies LLC	Ownership	100.000	Mutual Insurance Company	N0	8

Asterisk	Explanation
1	BCBSM owns 9.9% of the entity in column 8
2	BCBSM owns 38.74% of the entity in column 8
3	BMH SUBCO LLC and BMH SUBCO LLC each own 50% of the entity in column 8; BCBSM owns 38.74% of the entity in column 8
4	BCBSM owns 27.12% of the entity in column 8
5	Michigan Medicaid Holding Company and AmeriHealth Caritas Health Plan each own 50% of Blue Cross Complete of Michigan, LLC
6	BCBSM owns 13.66% of the entity in column 8
7	BCBSM and BCS Financial Corporation owns LifeSecure Holdings Corporation 80% and 20% respectively
8	BCBSM owns 6.83% of the entity in column 8
9	BCBSM owns 51% of the entity in column 8
10	OTH - Employee Benefit Trusts established in 2019
11	OTH - Employee Benefit Trust established in 2016
12	OTH - Employee Benefit Trust established in 1997
13	BCBSM owns 10.5% of the entity in column 8
14	BCBSM owns 99.99% of the entity in column 8
15	BC8SM owns 90% of the entity in column 8
16	BCBSM owns 68% of the entity in column 8
17	BCBSM owns 50% of the entity in column 8

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

		PARI 2	- SUMMAF	KY OF INS	OUKER'S	IKANSAC	M GMOII	IIH ANY A	ALLIF	IA I E3		
NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10	Any Other Material Activity Not in the Ordinary Course of the Insurer's Business	12 Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability)
54291		Blue Cross Blue Shield of Michigan Mutual	00 700 000	(40, 440, 045)			4 450 040 400	(00.700.070)		(405 705 450)	4 000 074 074	47 505 004
95610		Insurance CompanyBlue Care Network of Michigan	69,700,000	(46, 118, 945)			1,150,213,139 (1,427,227,271)	(39,736,870)		(125,785,450)	1,008,271,874 (1,468,752,062)	47,565,391
	27-0521030	Accident Fund Holdings, Inc.	15,500,000				(11,140,222)				4,359,778	
	38-3207001	Accident Fund Insurance Company of America					, , , ,					
			(85,500,000)				56,496,954		*		(29,003,046)	2,143,254,600
	20-3058200	Accident Fund General Insurance Company					(101,723,145)		*		(101,723,145)	(518,662,588)
		Accident Fund National Insurance Company					(37,534,688)		*		(37,534,688)	(297,052,039
		Third Coast Insurance Company					(3,425,952)		*		(3,425,952)	(373,355,631)
	39-0941450	United Wisconsin Insurance Company					(5,463,736)		*		(5,463,736)	(598, 360, 489)
	47-2582248	Blue Cross Complete of Michigan LLC					(182,563,518)				(182,563,518)	
		Blue Cross Blue Shield of Michigan Foundation					(1,307,063)				(4 007 000)	
12177		CompWest Insurance Company					(20,766,381)		*	•	(1,307,063)	(355,823,853)
		LifeSecure Insurance Company					(3,585,985)				(3,585,985)	(300,023,003
		NASCO LLC					64,051,085				64,051,085	
		PerformRx, LLC					10, 184,098				10,184,098	
		Tessellate. LLC				••••••	42,634,837			(52,543,386)	(9,908,549)	
		Woodward Straits Insurance Company	(69,700,000)				(14,463,193)	81,261,661		(02,040,000)	(2,901,532)	(47,565,391
		AF Global Capital, Ltd					955, 181				955, 181	(17 ,000,00 1
	11–3738370	ikaSystems Corporation				***************************************	(13,343,577)			16,709,784	3,366,207	
		Tessellate Holdings, LLC					4,198,710				4,198,710	
	81-3438452	COBX Co					24,791,096			31,779,735	56,570,831	
	61-1729412	PerformSpecialty, LLC					69,444,296				69,444,296	
	26-4728075	Affinity Services, LLC					(227,320)				(227,320)	
	45-5415725	AmeriHealth Caritas Services LLC					101,739,249				101,739,249	
	32-0550098	Fundamental Agency, Inc					244,933				244,933	
	38-4093181	Emergent Holdings, Inc	70,000,000	(73,870,000)			(1,895,676)			72,437,209	66,671,533	
	84-3513429	Covantage Health Partners		0			2,621,607			39,269,122	41,890,729	
		Vermont Blue Advantage, LLC		0							0	
	84-4331472	Vermont Blue Advantage, Inc		5,610,000			(6,010,020)				(400,020)	
	84-4009427	NextBlue, LLC		0							0	
16739		NextBlue of North Dakota Insurance		0 400 000			(5.440.555)				4 007 004	
		Company		6,120,000			(5,112,366)				1,007,634	
		Care Transformation Holding Company BCBSM BU Internal Health Benefit Trust		46,118,945			155,843				46,118,945 155,843	
		BCBSM Non-BU Internal Health Benefit					155,843				135,843	
		Trust					2,737,651				2,737,651	
		BCBSM 401(K) Master Trust					136,410,501				136,410,501	
	86-1598901	Wellmark Advantage Holdings, LLC		0								
	86-1598618	Wellmark Advantage Health Plan, Inc		7,140,000			(6,702,557)		·····		437.443	
		TRIARQ Health. LLC		, 170,000			633,846			1.003.418	1,637,264	
		GloStream. Inc					(669,420)			1,000,110	(669,420)	
		Advantasure, Inc		55,000,000			174,894,655			17.129.568	247.024.223	

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

			O O 1111111111111111111111111111111						—	— •		
1	2	3	4	5	6	7	8	9	10	11	12	13
						Income/						
						(Disbursements)						
					Purchases, Sales	Incurred in						Reinsurance
					or Exchanges of	Connection with		Income/		Any Other Material		Recoverable/
					Loans, Securities,	Guarantees or		(Disbursements)		Activity Not in the		(Payable) on
NAIC					Real Estate,	Undertakings for	Management	Incurred Under		Ordinary Course of		Losses and/or
Company	ID	Names of Insurers and Parent,	Shareholder	Capital	Mortgage Loans or	the Benefit of any	Agreements and	Reinsurance		the Insurer's		Reserve Credit
Code	Number	Subsidiaries or Affiliates	Dividends	Contributions	Other Investments	Affiliate(s)	Service Contracts	Agreements	*	Business	Totals	Taken/(Liability)
	47-5496220	Wider Circle, Inc					754,409				754,409	
9999999 Cor	ntrol Totals		0	0	0	0	0	0	XXX	0	0	0
			0 71:10						1000/ !!			

Accident Fund General Insurance Company; Accident Fund National Insurance Company; Third Coast insurance Company; United Wisconsin Insurance Company and CompWest Insurance Company participate in a 100% pooling arrangement with Accident Fund Insurance Company of America

SCHEDULE Y

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

1 Insurers in Holding Company	2 Owners with Greater Than 10% Ownership	3 Ownership Percentage Column 2 of Column 1	4 Granted Disclaimer of Control\ Affiliation of Column 2 Over Column 1 (Yes/No)	5 Ultimate Controlling Party	6 U.S. Insurance Groups or Entities Controlled by Column 5	7 Ownership Percentage (Column 5 of Column 6)	8 Granted Disclaimer of Control\ Affiliation of Column 5 Over Column 6 (Yes/No)
Blue Cross Blue Shield of Michigan Mutual Insurance	Owners with Greater Thair 10% Ownership	Column	(163/140)	Offinate Controlling Farty	Blue Cross Blue Shield of Michigan Mutual Insurance	Column o)	(163/140)
Company			NO	State of Michigan	Company	100.000	NO
	Blue Cross Blue Shield of Michigan Mutual Insurance			Blue Cross Blue Shield of Michigan Mutual Insurance	Blue Cross Blue Shield of Michigan Mutual Insurance		
Blue Care Network of Michigan	Company	100.000	N0	Company	Company	100.000	N0
				Blue Cross Blue Shield of Michigan Mutual Insurance			
LifeSecure Insurance Company	LifeSecure Holdings Corporation	100.000	NO	Company	LifeSecure Holdings Corporation	80.000	NO
				BCS Financial Corporation	LifeSecure Insurance Company	20.000	N0
				Blue Cross Blue Shield of Michigan Mutual Insurance			
Accident Fund Insurance Company of America	Accident Fund Holdings Inc	100.000	NO	Company	Accident Fund Holdings, Inc.	100.000	NO
				Blue Cross Blue Shield of Michigan Mutual Insurance			
Accident Fund General Insurance Company	Accident Fund Insurance Company of America	100.000	NO	Company	Accident Fund Insurance Company of America	100.000	NO
				Blue Cross Blue Shield of Michigan Mutual Insurance			
Accident Fund National Insurance Company	Accident Fund Insurance Company of America	100.000	N0	Company	Accident Fund Insurance Company of America	100.000	NO
				Blue Cross Blue Shield of Michigan Mutual Insurance			
United Wisconsin Insurance Company	Accident Fund Insurance Company of America	100.000	NO	Company	Accident Fund Insurance Company of America	100.000	NO
				Company Blue Cross Blue Shield of Michigan Mutual Insurance			
Third Coast Insurance Company	Accident Fund Insurance Company of America	100.000	NO	Company	Accident Fund Insurance Company of America	100.000	NO
				Blue Cross Blue Shield of Michigan Mutual Insurance			
CompWest Insurance Company	Accident Fund Insurance Company of America	100.000	NO	Company	Accident Fund Insurance Company of America	100.000	N0
				Blue Cross Blue Shield of Michigan Mutual Insurance			
NextBlue of North Dakota Insurance Company	NextBlue LLC	100.000	NO	Company	Covantage Health Partners	51.000	NO
				Healthy Dakota Mutual Holdings	NextBlue of North Dakota Insurance Company	49.000	NO
				Blue Cross Blue Shield of Michigan Mutual Insurance			
Vermont Blue Advantage, Inc	Vermont Blue Advantage LLC	100.000	NO	Company	Covantage Health Partners	51.000	NO
				Blue Cross Blue Shield of Vermont	BCBS of VT Grp	49.000	NO
				Blue Cross Blue Shield of Michigan Mutual Insurance			
Wellmark Advantage Health Plan, Inc	Wellmark Advantage Holdings, LLC	100.000	NO	Company	Covantage Health Partners	51.000	NO
				Wellmark, Inc	Wellmark, Inc.	49.000	NO
				Blue Cross Blue Shield of Michigan Mutual Insurance	Blue Cross Blue Shield of Michigan Mutual Insurance		
Blue Cross Complete of Michigan LLC	Michigan Medicaid Holdings Company	50.000	N0	Company	Company	50.000	NO
Blue Cross Complete of Michigan LLC	AmeriHealth Caritas Health Plan	50.000	N0	IBC MH LLC	Independence Health Group Inc	50.000	N0
				Blue Cross Blue Shield of Michigan Mutual Insurance	Blue Cross Blue Shield of Michigan Mutual Insurance		
AmeriHealth Michigan, Inc	AmeriHealth Caritas Health Plan	100.000	N0	Company	Company	38.700	N0
				IBC MH LLC	Independence Health Group Inc	61.300	N0
				Blue Cross Blue Shield of Michigan Mutual Insurance	Blue Cross Blue Shield of Michigan Mutual Insurance		
AmeriHealth Caritas Texas, Inc.	AmeriHealth Caritas Health Plan	100.000	N0	Company	Company	38.700	N0
				IBC MH LLC	Independence Health Group Inc	61.300	N0
				Blue Cross Blue Shield of Michigan Mutual Insurance	Blue Cross Blue Shield of Michigan Mutual Insurance		
Select Health of South Carolina Inc	AmeriHealth Caritas Health Plan	100.000	NO	Company	Company	38.700	NO
				IBC MH LLC	Independence Health Group Inc	61.300	N0
				Blue Cross Blue Shield of Michigan Mutual Insurance	Blue Cross Blue Shield of Michigan Mutual Insurance		
AmeriHealth Caritas Florida, Inc	AmeriHealth Caritas Health Plan	100.000	N0	Company	Company	38.700	N0
				IBC MH LLC	Independence Health Group Inc	61.300	N0
				Blue Cross Blue Shield of Michigan Mutual Insurance	Blue Cross Blue Shield of Michigan Mutual Insurance		
AmeriHealth Caritas New Hampshire, Inc.	AmeriHealth Caritas Health Plan	100.000	NO	Company	Company		NO

PART 3 - ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY'S CONTROL

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Blue Care Network of Michigan

1	OLLING PARTT AND LISTING OF O	3	1	5	6	7	.
'	2	3	Granted	3	l	,	Granted
			Disclaimer				Disclaimer
			of Control\				of Control\
			Affiliation of				Affiliation of
		Ownership	Column 2			Ownership	Column 5
		Percentage	Over			Percentage	Over
		Column 2 of	Column 1		U.S. Insurance Groups or Entities Controlled	(Column 5 of	Column 6
Insurers in Holding Company	Owners with Greater Than 10% Ownership	Column 1	(Yes/No)	Ultimate Controlling Party	by Column 5	Column 6)	(Yes/No)
				IBC MH LLC	Independence Health Group Inc	61.300	NO
				Blue Cross Blue Shield of Michigan Mutual Insurance			
AmeriHealth Caritas Louisiana, Inc.	AmeriHealth Caritas Health Plan	100.000	NO	Company	Company	38.700	
				IBC MH LLC	Independence Health Group Inc	61.300	NO
				Blue Cross Blue Shield of Michigan Mutual Insurance	Blue Cross Blue Shield of Michigan Mutual Insurance		
AmeriHealth Caritas District of Columbia, Inc	AmeriHealth Caritas Health Plan	100.000	NO	Company	Company	38.700	NO
				IBC MH LLC	Independence Health Group Inc	61.300	N0
				Blue Cross Blue Shield of Michigan Mutual Insurance	Blue Cross Blue Shield of Michigan Mutual Insurance		
AmeriHealth Caritas North Carolina, Inc.	AmeriHealth Caritas Health Plan	100.000	NO	Company	Company	38.700	NO
				IBC MH LLC	Independence Health Group Inc	61.300	NO
				Blue Cross Blue Shield of Michigan Mutual Insurance	Blue Cross Blue Shield of Michigan Mutual Insurance		
AmeriHealth Caritas New Mexixo. Inc.	AmeriHealth Caritas Health Plan	100.000	NO	Company	Company	38.700	NO.
				IBC MH LLC	Independence Health Group Inc	61.300	NO.
					Blue Cross Blue Shield of Michigan Mutual Insurance		
AmeriHealth Caritas Ohio, Inc.	AmeriHealth Caritas Health Plan	100.000	NO	Company	Company	38.700	NO.
The state of the s	The state of the s			IBC MH LLC	Independence Health Group Inc	61.300	NO.
Community Behavioral Healthcare Network of					Blue Cross Blue Shield of Michigan Mutual Insurance	01.000	
Pennsylvania, Inc.	AmeriHealth Caritas Health Plan	100.000	NO	Company	Company	38.700	NO
Cility i valita, iiic.		100.000		BC MH LLC	Independence Health Group Inc	61.300	
				IDO WIT LLO	muchemice mearth group mic		J\U

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Responses
	MARCH FILING	
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	
		0
	APRIL FILING	
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	
٠.	Will the Accident and Fleatility only Experience Exhibit be filled by April 1:	IES
	JUNE FILING	
8.	Will an audited financial report be filed by June 1?	VEC
o. 9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES YES
9.	Will Accountant's Letter of Qualifications be flied with the state of domicile and electronically with the NAIC by June 17	159
	The following supplemental reports are required to be filed as part of your annual statement filing if your company is engaged in the type of	
	supplement. However, in the event that your company does not transact the type of business for which the special report must be fi	iled, your response of NO
	to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement	s required of your company
	but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions. MARCH FILING	
10.		VEC
	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	
11. 12.		
12. 13.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	NO
13.	be filed with the state of domicile and electronically with the NAIC by March 1?	NO
14.	Will the actuarial opinion on non-quaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of	110
	domicile and electronically with the NAIC by March 1?	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed	
	electronically with the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed	NO
10	electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
	with the NAIC by March 17	NO
	APRIL FILING	
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the	TES
22.	NAIC by April 1?	YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the	120
_0.	NAIC by April 1?	YES
	AUGUST FILING	
24.	AUGUST FILING Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
24.		YES
24. 11.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Explanations: Bar Codes: Life Supplement [Document Identifier 205] SIS Stockholder Information Supplement [Document Identifier 420]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Explanations: Bar Codes: Life Supplement [Document Identifier 205] SIS Stockholder Information Supplement [Document Identifier 420]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Explanations: Bar Codes: Life Supplement [Document Identifier 205] SIS Stockholder Information Supplement [Document Identifier 420]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Explanations: Bar Codes: Life Supplement [Document Identifier 205] SIS Stockholder Information Supplement [Document Identifier 420]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20.	Bar Codes: Life Supplement [Document Identifier 205] SIS Stockholder Information Supplement [Document Identifier 420] Participating Opinion for Exhibit 5 [Document Identifier 371]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20.	Bar Codes: Life Supplement [Document Identifier 205] SIS Stockholder Information Supplement [Document Identifier 420] Participating Opinion for Exhibit 5 [Document Identifier 371]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 11.	Bar Codes: Life Supplement [Document Identifier 205] SIS Stockholder Information Supplement [Document Identifier 420] Participating Opinion for Exhibit 5 [Document Identifier 371] Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20.	Bar Codes: Life Supplement [Document Identifier 205] SIS Stockholder Information Supplement [Document Identifier 420] Participating Opinion for Exhibit 5 [Document Identifier 371]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 11.	Bar Codes: Life Supplement [Document Identifier 205] SIS Stockholder Information Supplement [Document Identifier 420] Participating Opinion for Exhibit 5 [Document Identifier 371] Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 11.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Explanations: Bar Codes: Life Supplement [Document Identifier 205] SIS Stockholder Information Supplement [Document Identifier 420] Participating Opinion for Exhibit 5 [Document Identifier 371] Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370] Medicare Part D Coverage Supplement [Document Identifier 365]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 11.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 11.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Explanations: Bar Codes: Life Supplement [Document Identifier 205] SIS Stockholder Information Supplement [Document Identifier 420] Participating Opinion for Exhibit 5 [Document Identifier 371] Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370] Medicare Part D Coverage Supplement [Document Identifier 365]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 11.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 11.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 11. 12.	Bar Codes: Life Supplement [Document Identifier 205] SIS Stockholder Information Supplement [Document Identifier 420] Participating Opinion for Exhibit 5 [Document Identifier 371] Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370] Medicare Part D Coverage Supplement [Document Identifier 365] Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 11. 12.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES YES
11. 12. 13. 14. 15. 16. 17. 13. 14. 15. 16. 17. 17.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES YES
11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 11. 12.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES YES
11. 12. 13. 14. 15. 16. 17. 13. 14. 15. 16. 17. 17.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES YES
11. 12. 13. 14. 15. 16. 17. 14. 15. 16. 17. 18. 19. 20.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES YES
11. 12. 13. 14. 15. 16. 17. 13. 14. 15. 16. 17. 17.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES YES
11. 12. 13. 14. 15. 16. 17. 14. 15. 16. 17. 18. 19. 20.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES YES
11. 12. 13. 14. 15. 16. 17. 14. 15. 16. 17. 18. 18. 17. 18. 18. 17.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES YES
11. 12. 13. 14. 15. 16. 17. 14. 15. 16. 17. 18. 18. 17. 18. 18. 17.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES YES
11. 12. 13. 14. 15. 12. 13. 14. 15. 16. 17. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES YES



MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021 (To Be Filed by March 1)

FOR THE STATE OF Michigan.....NAIC Group Code 0572NAIC Company Code 95610

ADDRESS (City, State and Zip Code) Southfield, MI 48076...
Person Completing This Exhibit William cook

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2018			Policies Issued in 2019; 2020; 2021				
										11	Incurred Claims		14	15	Incurred Claims		18
		Standardized									12	13			16	17	
Compliance		Medicare		Plan		Date						Percent of	Number of			Percent of	Number of
with	Policy Form	Supplement	Medicare	Character-	Date	Approval	Date Last	Date	Policy Marketing	Premiums		Premiums	Covered	Premiums		Premiums	Covered
OBRA	Number	Benefit Plan	Select	istics	Approved	Withdrawn	Amended	Closed	Trade Name	Earned	Amount	Earned	Lives	Earned	Amount	Earned	Lives
YES	BCNT-131705119		NO	0034000	12/01/2009		12/20/2018	04/01/2019	MYBLUE MEDIGAP	225,701	113,582	50.3	100			0.0	
YES	BCNT-131705119		N0	0034000	12/01/2009		12/20/2018	04/01/2019	MYBLUE MEDIGAP	704 , 155	375,004	53.3	201			0.0	
YES	BCNT-131705119		N0	0034000	12/01/2009		12/20/2018	04/01/2019	MYBLUE MEDIGAP	27,315,823	17,924,830	65.6	8,674	18, 125	10,590	58.4	7
									MYBLUE MEDIGAP - High								
YES	BCNT-131705119	F	N0	0034000	12/01/2009		12/20/2018	04/01/2019	Deductible	73, 103	19,901	27.2	60	2,201		0.0	2
YES	BCNT-131705119	N	NO	0034000	12/01/2009		12/20/2018	04/01/2019	MYBLUE MEDIGAP	1,615,094	907,781	56.2	682			0.0	
0199999. Total Experience on Individual Policies									29,933,876	19,341,098	64.6	9,717	20,326	10,590	52.1	9	

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 53200 Grand River New Hudson , MI 48165 ...

2.2 Contact Person and Phone Number: Deanna Stohl 248-486-2349

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 53200 Grand River New Hudson , MI 48165

3.2 Contact Person and Phone Number: Deanna Stohl 248–486–2

4. Explain any policies identified above as policy type "O".

(3)(E) for this state.		 	 	